

**BASED ON TIP 53**

# **Addressing Viral Hepatitis in People With Substance Use Disorders**

## **QUICK GUIDE FOR CLINICIANS AND ADMINISTRATORS**



Substance Abuse and Mental Health Services Administration


**SAMHSA**

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Based on TIP 53

# Addressing Viral Hepatitis in People With Substance Use Disorders

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## QUICK GUIDE FOR CLINICIANS AND ADMINISTRATORS

This Quick Guide is based entirely on information contained in TIP 53, published in 2011. No additional research has been conducted to update this topic since publication of TIP 53.

## Why a Quick Guide?

This Quick Guide provides succinct, easily accessible information to behavioral health clinicians and administrators about viral hepatitis. The guide is based entirely on *Addressing Viral Hepatitis in People With Substance Use Disorders*, Number 53 in the Treatment Improvement Protocol (TIP) series.

Users of the Quick Guide are invited to consult the primary source, TIP 53, for more information and a complete list of resources for treating people with hepatitis and co-occurring substance use disorder (SUD). To order a copy of TIP 53 or to access it online, see the inside back cover of this guide.

## DISCLAIMER

The opinions expressed herein are the views of the consensus panel members and do not necessarily reflect the official position of the Substance Abuse and Mental Health Services Administration (SAMHSA) or the U.S. Department of Health and Human Services (HHS). No official support of or endorsement by SAMHSA or HHS for these opinions or for the instruments or resources described is intended or should be inferred. The guidelines presented should not be considered substitutes for individualized client care and treatment decisions.

## What Is a TIP?

The TIP series provides professionals in behavioral health and related fields with consensus-based, field-reviewed guidelines on behavioral health treatment topics of vital current interest. TIPs have been published by SAMHSA since 1991.

*TIP 53, Addressing Viral Hepatitis in People With Substance Use Disorders:*

- Presents information on the disease that behavioral health treatment professionals need to know when working with clients who have or may have hepatitis.
- Provides factual information on the disease in language that can be readily understood by professionals without a medical background.
- Addresses issues such as hepatitis prevention, screening, treatment, and coordination of client care.
- Emphasizes the need for close collaboration between medical and behavioral health treatment providers in working with clients who have both hepatitis and an SUD.

## Overview of Viral Hepatitis

- An estimated 3.5–5.3 million people in the United States live with chronic viral hepatitis.
- Often symptoms and signs become evident only after the disease has caused severe liver damage.
- Many people who are infected with hepatitis are unaware that they have the disease and therefore do not seek treatment.
- Between 2010 and 2020, an estimated 150,000 people in the United States could die of liver cancer or other hepatitis-related liver disease.
- For many people, substance use is a major factor that contributes to or worsens their hepatitis-related outcomes.
- All people who use or have used illicit substances are at risk of contracting viral hepatitis; injection drug use (IDU) is the primary way of contracting hepatitis C, and people who use substances are at risk for contracting other forms of viral hepatitis.

## ***What Is Viral Hepatitis?***

*Hepatitis* is inflammation of the liver. It can be caused by viruses, alcohol or substance use, exposure to toxins, and certain diseases. *Viral hepatitis* refers to liver inflammation caused by one of several types of viruses that attack the liver. In the United States, these are primarily:

- Hepatitis A virus (HAV)
- Hepatitis B virus (HBV)
- Hepatitis C virus (HCV)

Hepatitis can be *acute*, which means that the infection does not last longer than 6 months. If the body's immune system cannot fight off the virus within that period, the disease is considered *chronic*. Chronic hepatitis can lead to very serious health consequences, even death, because of liver failure or related medical conditions.

As hepatitis progresses and causes more liver damage, the liver may become scarred (fibrosis), which sometimes leads to profuse scarring of liver tissue (cirrhosis).

## **Hepatitis A**

- ***General characteristics***—Hepatitis A is only acute and never chronic. Most individuals recover within 6 months. Once recovered, a person is no longer contagious and is immune to reinfection.
- ***Modes of transmission***—HAV is spread by oral-fecal transmission and is extremely contagious.
- ***Disease burden***—An estimated one-third of U.S. residents have had HAV infection.
- ***Disease course***—HAV infection is rarely life threatening, although severity and mortality may increase with age and underlying chronic liver disease. Symptoms, if they occur, generally disappear within a month.
- ***With comorbid substance use***—People who use drugs are at risk for acquiring hepatitis A.
- ***Prevention***—The most effective way to prevent HAV infection is vaccination.

## **Hepatitis B**

- ***General characteristics***—Hepatitis B can be acute or chronic. Approximately 90 percent of adults with HBV infection alone (i.e., without co-infection) recover completely from HBV infection and do not become chronically infected.
- ***Modes of transmission***—HBV is very contagious; it is spread through infected blood and other body fluids (e.g., semen) and can live outside the body for



more than 7 days. Modes of transmission include shared IDU equipment (e.g., needles, syringes), accidental needle sticks, and unprotected sex with a partner who is infected with HBV.

- ***Disease burden***—Between 800,000 and 1.4 million people in the United States live with chronic hepatitis B.
- ***Disease course***—Approximately 35 percent of those infected have symptoms. Usually, acute HBV infection alone is not life-threatening. Up to 10 percent of people with acute hepatitis B will develop chronic hepatitis B after 6 months.
- ***With comorbid substance use***—Three to eleven percent of people who inject drugs have chronic hepatitis B. Rates of asymptomatic HBV infection among clients on methadone maintenance may be as high as 25 percent.
- ***Prevention***—Vaccination is the most effective way to prevent HBV infection.

## **Hepatitis C**

- ***General characteristics***—Hepatitis C can be acute or chronic. It starts as an acute infection that may go unrecognized. People who have hepatitis C and clear the virus do not develop immunity; they can become reinfected with the virus.
- ***Modes of transmission***—Hepatitis C is a blood-borne disease. IDU is the most common risk factor for acquiring hepatitis C.

- ***Disease burden***—HCV infection is the most prevalent chronic, blood-borne infection in the United States. Approximately 3.2 million U.S. residents have chronic HCV infection.
- ***Disease course***—The majority of people with hepatitis C are asymptomatic. The infection becomes chronic in 75–85 percent of people who contract it. Chronic HCV infection usually progresses very slowly and with few or no symptoms for the first 20–30 years after infection. As the disease progresses, the liver may develop fibrosis, which can progress to cirrhosis.
- ***With comorbid substance use***—HCV is highly contagious; people who inject drugs are more likely to contract hepatitis C than HIV. People who inject drugs are at high risk for becoming infected with HCV from sharing needles and drug use paraphernalia.
- ***Prevention***—Hepatitis C can be prevented only by avoiding contact with contaminated blood.

## **Co-Infection With Viral Hepatitis and HIV**

- ***HAV/HIV co-infection***—HIV treatment may need to be temporarily suspended if HAV infection is acquired. Most studies suggest that this delay does not affect HIV progression. Hepatitis A may be more severe and last longer in people who have both infections than in people who do not have HIV.
- ***HBV/HIV co-infection***—This co-infection does not significantly change the likelihood that the HIV infection will progress to AIDS. However, the co-infection increases the likelihood that HBV infection will become chronic and progress quickly.
- ***HCV/HIV co-infection***—HIV infection may increase a person's risk of contracting HCV through sexual contact. If untreated, HCV infection progresses more quickly in people who are co-infected with HIV than in those who are infected with HCV alone.

*For more detailed information, see TIP 53, Chapter 1.*

## Screening for Viral Hepatitis

The treatment program's role in the screening process depends on the type of facility and its staffing:

- Medical staff members at substance abuse treatment programs may assume a primary role for screening individuals for hepatitis and explaining the screening process and test results.
- Opioid treatment programs with medical staff members should screen for hepatitis B and C at intake and periodically as indicated.
- Programs without onsite medical staff may refer clients elsewhere for screening.

Screening tests blood for:

- ***Antigens***—foreign substances, such as microorganisms (e.g., virus) or chemicals, which invade the body.
- ***Antibodies***—proteins that bind to the antigens to try to clear them from the body.

### Hepatitis A Screening

- ***Positive antibody test***—The person has or had HAV infection or has been vaccinated against hepatitis A. The person is immune to future HAV infection.

### Hepatitis B Screening

- ***Positive surface antigen test***—The person is currently

infected and can pass the infection to others. If, after 6 months, the test is still positive, the infection is considered chronic.

- ***Positive core antibody test***—The person has been infected with HBV. The test does not specify whether the person has cleared the virus, still has the infection, or is immune to reinfection.
- ***Positive surface antibody test***—The person has been vaccinated against HBV or has been infected and has cleared the virus. The person has lifetime immunity from hepatitis B.

## **Hepatitis C Screening**

- ***Positive antibody test***—The person is a chronic carrier of HCV, has been infected but has resolved the infection, or is recently (acutely) infected. A person who obtains a positive result on an HCV antibody screening test should receive additional tests to get more information.

## **Counseling Practices With Clients Undergoing Screening**

- Consider screening as an opportunity to educate the client about hepatitis, its effects on health, and prevention strategies.
- Be aware that many clients may not know whether they have been screened for hepatitis or they might not know the results.
- Clearly explain that the hepatitis test is optional.

- Follow up with clients regardless of the results.

### **Addressing Hepatitis for the First Time**

The following strategies can help the treatment facility and counselor initiate the conversation about screening:

- Display posters, literature, or other hepatitis-related items that could help prompt the client to ask questions about hepatitis.
- Assess the client's ability to discuss hepatitis.
- Raise the subject in a way that avoids making the client feel defensive or afraid.
- Be patient and allow time for multiple, short conversations about the subject.

### **Educating Clients About Viral Hepatitis**

Counselors should briefly describe hepatitis A, B, and C, including their prevalence, transmission, and relationship to drug use, as well as to other infections, such as HIV and other sexually transmitted diseases.

### **Identifying Patterns of Risky Behavior**

Screening is an opportunity to draw attention to a client's behaviors that put him or her at risk for contracting hepatitis.

- Ask for the client's perception of the risk of having contracted hepatitis: "How likely do you think it is that the test will be positive?"
- Listen for and identify behaviors that put the client

at risk for contracting hepatitis and HIV, especially unprotected sex and sharing injection drug paraphernalia.

- Assess the client's alcohol consumption.

### **Preparing Clients for Screening**

Once clients are comfortable talking about viral hepatitis, they might be more willing to undergo screening. The following strategies can enhance the discussion of the hepatitis screening process and hepatitis prevention:

- Ask the client whether he or she has ever had a hepatitis test.
- Discuss the benefits of screening, such as the possibility for early diagnosis and treatment.
- Describe the screening procedure and explain that blood samples are needed.
- Advise a client with a history of IDU that the blood draw might be difficult if his or her veins are damaged.
- Make a plan with the client to get to and from the appointment.
- Ensure that the client has emotional support or referrals during the waiting period, including possibly a support group.
- Clarify the meaning of possible results.
- Make a plan with the client for receiving the screening results.



## **Discussing Screening Results With Clients**

The medical personnel who ordered or arranged the screening test, not counselors, usually explain the results. However, the client may want to discuss the results with the counselor or ask the counselor questions.

Suggestions for conversations with clients when the test results are negative include the following:

- Explain results clearly and simply.
- Emphasize that a negative result to an HCV test does not indicate immunity to hepatitis C and that the client should take precautions to avoid infection.
- Emphasize the importance of getting HAV and HBV vaccinations.

Clients whose screening test results are positive for chronic hepatitis will need additional tests and examinations to get accurate diagnoses and to determine their health status and the extent of liver damage.

The following guidelines can help prepare clients for the next steps in evaluating their chronic hepatitis:

- Ask clients whether they were referred to a medical care provider for additional tests.
- Explain that the screening test indicates only that clients have been infected with hepatitis and additional testing is necessary to determine their health status.



- Prepare clients to consider getting further evaluation.
- Identify barriers to further testing and ways to overcome them.

To help clients come to terms with their positive test results:

- Explain results clearly and simply.
- Assess reactions to the results.
- Address immediate fears and concerns before providing further information.
- Provide information on liver health in the client's language of choice and at the client's reading and comprehension levels.
- Provide reassurance and hope.
- Stress the importance of getting vaccinated against hepatitis A and B.
- Reiterate the importance of not drinking alcohol.
- Caution against taking medications without first consulting a medical care provider.
- Encourage clients to learn their HIV status and, if they are not HIV positive, to take measures to avoid infection.
- Explain hepatitis transmission to promote prevention.

*For more detailed information, see TIP 53, Chapter 2.*

## Evaluation of Chronic Hepatitis

Clients diagnosed with chronic hepatitis require a full medical evaluation to gather information about the nature of their infection, the severity of the disease, and factors that might affect the course of the disease and its treatment. At some point, clients will probably be referred to a specialist. The evaluation of chronic hepatitis can involve several tests. Taken together, the results of these tests help a physician assess the disease progression, its prognosis, and the risks and benefits of hepatitis treatment.

- ***Liver panel*** (also referred to as *liver function tests*)—measures the extent of liver injury, via a series of blood tests.
- ***Viral load tests***—indicate the quantity of virus present in the bloodstream; the best and most specific tests to indicate the presence of viral hepatitis B or C.
- ***Genotype test***—identifies the type or strain of the hepatitis virus. No genotype causes more severe disease than any other, but the genotype has implications for response to antiviral treatment and the duration of treatment.
- ***Liver biopsy***—involves removing a small number of liver cells; the best way to evaluate the health of the liver and the only way to reveal the extent of scarring (if any). Liver biopsy can help the physician decide whether antiviral treatment is advisable or needed.

*For more detailed information, see TIP 53, Chapter 3.*

## Helping Clients Make Medical Decisions About Hepatitis Treatment

Medical care providers that once would have denied hepatitis treatment to people with an SUD now routinely screen and evaluate such people and often recommend antiviral treatment. Pharmacotherapy for an opioid addiction, for example, is no longer considered a contraindication to evaluation, care, or treatment of chronic hepatitis.

People who have chronic viral hepatitis have three options:

- Be treated with potent antiviral medications
- Defer antiviral treatment
- Decide not to be treated

Before developing the hepatitis treatment plan, the physician and patient need to consider several factors:

- Timing of hepatitis treatment
- Treatment contraindications
- Presence of more urgent problems
- Likelihood of adhering to hepatitis treatment
- Likelihood of treatment success

## ***Counseling Clients Diagnosed With Chronic Hepatitis***

Treatment decisions will ultimately reflect advice from a medical professional working in concert with the client. For clients who are considering antiviral treatment, counselors can:

- Encourage them to ask their medical care providers for the information needed to make thorough, informed decisions about treatment.
- Encourage them to take action toward improved health or life circumstances.
- Assess mental and substance use disorder recovery statuses.
- Emphasize the importance of alcohol abstinence.
- Help them strengthen their support systems.

Counselors can explain the following information to clients:

- If hepatitis treatment does not completely clear the virus, some benefit might still occur (e.g., lower viral levels, less inflammation or fibrosis). Also, many people who have hepatitis C do not develop cirrhosis, end-stage liver disease, or liver cancer.
- The length of antiviral treatment varies.
- Clients will need to get frequent lab tests to ensure medication tolerance and effectiveness.

The client might still receive some benefit from treatment even if it is not completed (e.g., because side effects are too severe).

Questions to help clients weigh their hepatitis treatment options include the following:

- What are the possible gains and losses of your decision to get or not to get antiviral treatment?
- Which of these is most important to you?
- If you're not ready to begin hepatitis treatment now, what would have to happen to get you ready or make you decide to begin treatment?
- What would you be interested in doing now?

The exhibit on pp. 20–22 lists potential counseling approaches to various HCV evaluation results.

## Counseling Approaches Based on HCV Status

Evaluation Result	Hepatitis Treatment Approach	Counseling Approach
<ul style="list-style-type: none"> <li>• No evidence of liver damage</li> <li>• No HCV found in blood (negative antibody test); might need to retest in 6 months</li> </ul>	<ul style="list-style-type: none"> <li>• No HCV antiviral treatment needed</li> </ul>	<ul style="list-style-type: none"> <li>• Educate client about liver health</li> <li>• Create risk-reduction plan</li> <li>• Encourage vaccination against HAV and HBV</li> </ul>
<ul style="list-style-type: none"> <li>• Evidence of mild liver damage</li> <li>• HCV ribonucleic acid (RNA) found in blood</li> <li>• Stable mental/physical health and life circumstances</li> </ul>	<ul style="list-style-type: none"> <li>• Consider antiviral treatment</li> <li>• Monitor liver health</li> </ul>	<ul style="list-style-type: none"> <li>• Educate client about liver health</li> <li>• Create risk-reduction plan</li> <li>• Encourage vaccination against HAV and HBV</li> <li>• Encourage thorough, informed consideration of hepatitis treatment</li> </ul>

## Helping Clients Make Medical Decisions About Hepatitis Treatment

Evaluation Result	Hepatitis Treatment Approach	Counseling Approach
<ul style="list-style-type: none"> <li>• Evidence of mild liver damage</li> <li>• HCV RNA found in blood</li> <li>• Unstable mental/physical health or life circumstances</li> </ul>	<ul style="list-style-type: none"> <li>• Defer antiviral treatment</li> <li>• Stabilize health and life circumstances</li> <li>• Monitor liver health</li> </ul>	<ul style="list-style-type: none"> <li>• Educate client about liver health</li> <li>• Create risk-reduction plan</li> <li>• Encourage vaccination against HAV and HBV</li> <li>• Encourage action toward improved health and/or life circumstances</li> </ul>
<ul style="list-style-type: none"> <li>• Evidence of severe liver damage</li> <li>• HCV RNA found in blood</li> <li>• Stable or unstable mental/physical health and life circumstances</li> </ul>	<ul style="list-style-type: none"> <li>• Consider antiviral treatment</li> <li>• Monitor and stabilize health or life circumstances</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage treatment adherence</li> <li>• Educate client about liver health</li> <li>• Create risk-reduction plan</li> <li>• Encourage vaccination against HAV and HBV</li> <li>• Encourage action toward improved health and/or life circumstances</li> </ul>

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### Counseling Approaches Based on HCV Status (continued)

Evaluation Result	Hepatitis Treatment Approach	Counseling Approach
<ul style="list-style-type: none"> <li>• HCV RNA found in blood</li> <li>• Genotype 2 or 3</li> <li>• Stable or unstable mental/physical health or life circumstances</li> </ul>	<ul style="list-style-type: none"> <li>• Urge antiviral treatment</li> <li>• Stabilize health and life circumstances as necessary</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage treatment adherence</li> <li>• Educate client about liver health</li> <li>• Create risk-reduction plan</li> <li>• Encourage vaccination against HAV and HBV</li> <li>• Encourage action toward improved health and/or life circumstances</li> </ul>
<ul style="list-style-type: none"> <li>• End-stage liver disease, regardless of other factors</li> </ul>	<ul style="list-style-type: none"> <li>• Consider liver transplantation</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage vaccination against HAV and HBV</li> <li>• Encourage action toward meeting requirements for transplantation</li> </ul>

*For more detailed information, see TIP 53, Chapter 4.*



# Hepatitis Treatment

Clients who have any form of viral hepatitis will benefit from:

- Resting.
- Avoiding alcohol and discontinuing alcohol and drug use.
- Avoiding other substances that can harm the liver, including acetaminophen (Tylenol) in large doses.
- Eating nutritious, well-balanced meals.
- Getting vaccinated against hepatitis A and hepatitis B.

## **Treatments**

Treatment options include:

- ***Hepatitis A***—addressing symptoms, monitoring liver health, letting the virus run its course; vaccination for those recently exposed to HAV; treatment of severe liver problems (occurs in rare cases of untreated hepatitis A).
- ***Hepatitis B (chronic)***—medical monitoring, treatment with antiviral medications.
- ***Hepatitis C (acute)***—a shortened form of antiviral treatment.
- ***Hepatitis C (chronic)***—antiviral treatment, liver transplantation for those with end-stage liver disease.

## Medications Approved for Treating Chronic Hepatitis C

Long-acting (pegylated) interferon	Injected weekly for 6 months–1 year
Ribavirin	Tablet or capsule taken orally, usually twice per day for 6 months or longer
Boceprevir	Capsule taken orally, three times per day (with food). The length of dosing time varies based on viral response and the extent of liver disease. It must be taken in combination with interferon and ribavirin.
Telaprevir	Tablet taken orally, three times per day (with food) for 12 weeks (another 12–36 weeks may be required, depending on viral response). It must be taken in combination with interferon and ribavirin.

## Side Effects of Antiviral Medications Requiring Medical Attention

- ***Depression or mania***—Counselors need to be particularly attuned to the development of these neuropsychiatric symptoms, routinely assess for them, and refer clients for mental health services as appropriate.

- ***Anemia*** (reduced red blood cell count)—Ribavirin often leads to anemia that can cause fatigue and increase the risk of chest pain, shortness of breath, or heart attack.
- ***Neutropenia*** (reduced white blood cell count resulting in an increased risk of infections)—Neutropenia is rarely severe enough to terminate antiviral treatment.
- ***Pulmonary conditions***—Shortness of breath or cough might develop during hepatitis treatment. People who develop these symptoms should consult their medical care provider to rule out other causes.
- ***Eye problems***—Antiviral treatment can induce or aggravate eye problems, especially in people who have diabetes or hypertension. Clients who complain of blurry vision, any obstruction to vision, or loss of vision should receive an immediate medical examination.

## ***Deferring Treatment***

Some clients might choose to postpone antiviral treatment. They might have more urgent health problems to tend to, or they might feel they are not strong enough in their SUD recovery to undergo hepatitis treatment. Medical care for those clients generally involves:

- Getting regular medical evaluations.
- Having liver enzyme and cancer screening tests once or twice every year.

- Getting a liver biopsy every 3–5 years.
- Adopting a lifestyle that promotes liver health.

### ***Liver Transplantation***

Although many people who have hepatitis C respond to antiviral treatment or can live indefinitely with their illness, in some people, liver damage will be extensive and a liver transplantation is needed. Counselors should be prepared to support clients who have been told that liver transplantation surgery is necessary. They might also need to educate the transplantation team about the value of medication-assisted treatment (MAT) for opioid dependence. The following factors influence a patient's acceptance to a transplant waiting list:

- Urgency of need
- Willingness and ability to endure the extensive preoperative and postoperative tests and procedures
- Willingness and ability to follow physician's instructions
- Willingness to adjust to the postoperative lifestyle
- Access to caregivers who can provide support during the lengthy transplantation process
- Ability to stop all alcohol use

## ***Complementary or Alternative Medicine***

Clients might turn to complementary or alternative medicine, believing it will bolster nutrition, attack the hepatitis, protect or strengthen the liver, or mitigate side effects of viral hepatitis treatment. However:

- Herbal treatments, dietary supplements, alternative medicines, and acupuncture have not been proven to cure or relieve symptoms of hepatitis C.
- Some herbal treatments might harm the liver, further damaging an already compromised organ.
- Clients should discuss all complementary medicines and other treatment strategies with their physicians.

## ***People Receiving Medication-Assisted Treatment for Opioid Dependence***

Treatment for hepatitis C can be effective for people receiving MAT for opioid dependence. Counselors can provide a crucial service by informing clients that their receipt of MAT for opioid dependence does not exclude them from hepatitis treatment. People in opioid treatment programs sometimes have structured support to help them adhere to antiviral treatment.

## SUD Treatment Modifications for Clients Receiving MAT for Opioid Dependence

Type of Interaction	Recommendation
Support meetings, peer support, and counseling sessions	These activities might help clients cope with side effects and urges to relapse that result from injecting medication. If an opioid treatment program (OTP) is the only source of counseling, additional referrals for more intensive individual or family counseling might help clients with the multiple psychosocial issues that might arise.
Flexible counseling schedules while maintaining medication schedules	If licensure standards allow, 15-minute sessions four times monthly instead of monthly 1-hour sessions might be more realistic for clients with fatigue from chronic hepatitis or antiviral treatment. Programs could allow one outside support group meeting to substitute for a monthly group session.

## *People Who Relapse to Substance Use*

Clients should not be denied hepatitis treatment based on recovery status alone. Treatment of chronic hepatitis C can be successful even when patients have not abstained from active drug use. Strategies for helping clients who relapse to substance use include the following:

- Develop an SUD treatment plan.

Type of Interaction	Recommendation
Flexible individual dosing regimens	Clients in OTPs who undergo treatment for HCV infection often report increased opioid cravings and request increased methadone doses. It is unclear why hepatitis treatment is associated with increased cravings, but for some clients the side effects of antiviral medications might mimic withdrawal. Increasing methadone doses might help relieve the flu-like side effects caused by hepatitis treatment. Research has not confirmed that interferon lessens the effects of methadone.
Observed dosing by staff	Some people might better adhere to antiviral treatment if they take their oral medication or interferon in the presence of SUD treatment staff. Residential programs and OTPs might be better able to offer medication observation than non-OTP outpatient programs.

- Use motivational interviewing to engage clients in treatment.
- Provide education on HCV transmission and treatment and help with psychosocial difficulties.
- Recognize clients' ambivalence, efforts in SUD treatment, and attempts to reduce substance use.
- Refer the client to mental health services, if warranted.

### ***People Who Have HCV/HIV Co-Infection***

Approximately 35 percent of people who have HCV/HIV co-infection achieve a sustained virologic response (when the virus cannot be detected for up to 24 weeks, and usually many years, after therapy) to their course of treatment for hepatitis. Counselors can help clients understand the implications of HCV/HIV co-infection and provide support. Strategies to address the issues include the following:

- Educate clients about HCV/HIV co-infection.
- Stress the importance of being tested for hepatitis and receiving antiviral treatment as soon as possible.
- Screen for and address cognitive deficits.
- Help clients manage side effects.
- Encourage clients to seek and receive compassionate medical care.
- Help coordinate care.
- Emphasize adherence to treatment.

### ***People Who Have Co-Occurring Behavioral Health Disorders***

With psychiatric treatment and monitoring, people who have psychiatric disorders have rates of adherence to hepatitis treatment and successful outcome comparable with rates of those who do not have psychiatric disorders. Optimal results are obtained when



coordinated substance use and psychiatric treatment occur before and during treatment for hepatitis C.

People who never had problems with anxiety, depression, or irritability might experience these conditions as a result of treatment for chronic hepatitis. Stable patients with previous mental disorders might have exacerbations during antiviral treatment.

Clients with mental illness who decide to undergo treatment for chronic hepatitis will require regular psychiatric monitoring. In addition, treatment might be enhanced with the following supports:

- Psychosocial interventions
- Medication, therapy, or both, to manage anger, anxiety, irritability, depression, or other side effects of interferon treatment
- Support groups
- Support to prevent relapse to substance use
- Education on how to prevent transmission of the hepatitis C virus

For patients with risk factors for depression, preemptive treatment with selective serotonin uptake inhibitors (SSRIs) has been used as a prevention strategy.

Preexisting psychiatric medication regimens might need modification during hepatitis treatment (e.g., to avoid liver toxicity, to maintain mood stabilization).

All clients should be screened for risk of suicide. People at risk should be closely monitored for:

- New or worsening symptoms of depression.
- Suicidal thoughts or behaviors.
- Unusual changes in mood or behavior.

Psychotic symptoms (hallucinations and delusions) make effective coping with a chronic infectious disease difficult, increase patient risk of suicide, and might make adherence with complex antiviral regimens impossible. Antiviral therapy can be successful for chronic hepatitis C patients with serious mental illness but often requires:

- Expert psychiatric management and close monitoring by clinical staff.
- Intensive case management by a behavioral health case manager.
- More frequent physical appointments for laboratory monitoring of liver function and to detect any dangerous medication interactions.

In the decision to treat, consider the social support network, availability of social support services, and patient's abilities.

*For more detailed information, see TIP 53, Chapter 5 and Appendix F.*

## **Counseling Approaches for People Who Have Viral Hepatitis**

Counselors are in a unique position to provide education, emotional support, and other types of assistance for clients who have hepatitis and SUDs. Readers are encouraged to do what they can to improve SUD treatment practices for their clients and to advocate for greater client access to services.

### ***Ensuring Safety***

Counselors should:

- Use universal precautions, such as wearing gloves and other protective gear, when exposure to infected blood or other body fluids is possible.
- Avoid accidental needle sticks.
- Know their hepatitis status and take cautions to protect clients and coworkers, if necessary.

### ***Providing Reliable Information***

- Providing current, accurate information is an important counseling service.
- Counselors can dispell misinformation about hepatitis by providing educational sessions incorporated into treatment programming.

## ***Building the Therapeutic Relationship***

Ways in which counselors can help clients include:

- Talking to clients about their diagnoses and medical treatment with empathy.
- Assuring clients that the counselor will help them negotiate necessary services, either within or outside the treatment program.
- Helping clients overcome possible barriers to hepatitis treatment.
- Interpreting information clients receive from medical care providers, the Internet, family, friends, and other clients.
- Repeating information in different ways until clients understand it.
- Asking clients about their families' responses to their diagnoses and helping clients cope with any negative responses.
- Educating clients about the liver and how to stay healthy with hepatitis.
- Stating that the majority of people who have chronic hepatitis C and who do not use alcohol will not develop life-threatening complications.
- Offering messages of hope about living with hepatitis.
- Emphasizing consistently the importance of clients' addressing their health-related issues.

- Explaining complex hepatitis treatment and test results or collaborating with medical professionals who can provide necessary explanations to clients.
- Helping to make medical appointments and advocating for clients with medical care providers.
- Helping clients devise strategies for remembering medical and other scheduled appointments.

### ***Incorporating Client Needs in Substance Abuse Treatment Planning***

Facets of substance abuse treatment might need to be flexible (within accreditation and licensing guidelines) for clients who have hepatitis and allow for the following:

- Individualized, flexible substance abuse treatment planning to anticipate missed sessions resulting from symptoms, antiviral treatment, or medical appointments
- Time for clients to rest
- Time for hepatitis-specific support groups for clients in residential treatment
- More frequent sessions or more intensive programs
- Longer duration of substance abuse treatment to make up for missed sessions and to provide ongoing support throughout the hepatitis treatment regimen.

## ***Providing Specialized Treatment for Clients With Co-Occurring Substance Use and Mental Disorders***

Treatment plans for clients who have co-occurring substance use and mental disorders should include:

- Periodic screening for depression, referral for evaluation by a mental health professional, and consideration of initiating antidepressant treatment, if warranted.
- Regular medication adherence checks.
- Frequent communication among substance abuse, mental health, and medical care providers, with permission of the client.

## ***Developing a Prevention Plan***

- Start where the client is; keep in mind that some clients will not know how they became infected.
- Identify and discuss a specific high-risk incident from the past.
- Identify a situation in which the client minimized his or her risk, including precautions taken.
- Identify the client's pattern of risky behavior and the specific circumstances that led to the behavior.
- Negotiate a written prevention plan that includes incremental and achievable steps to minimize risks for transmitting viral hepatitis.

- Revisit the plan periodically and assess progress; renegotiate the plan if necessary.
- Include vaccinations against hepatitis A or hepatitis B and prevention strategies for other infections, such as HIV, that are spread in the same way as different types of hepatitis.

### ***Providing Effective Case Management***

Clients who have hepatitis might need effective case management. If counselors cannot provide the level of case management a client needs, if possible, they should connect the client with a case manager in another healthcare or social services system. Counselors can help clients:

- Understand and complete written documents and consent forms.
- Obtain medical care and adhere to medical regimens.
- Find sources for financing medical treatment and medications for hepatitis.

*TIP 27, Comprehensive Case Management for Substance Abuse Treatment*, contains additional information on this treatment modality.

*For more detailed information, see TIP 53, Chapter 6.*



## Adding or Improving Hepatitis Services: A Guide for Administrators

A significant positive correlation has been found between administrators' beliefs about the value of hepatitis services and the availability of such services at their substance abuse treatment programs. Administrators must consider:

- The client population.
- Staffing patterns and issues.
- Availability of local resources.
- Potential partners.
- Sources of funding.

Program administrators can support the provision of hepatitis services by allocating a budget for implementation and by training or hiring appropriate staff members to implement the new services.

A first step toward implementing change is to assess the current hepatitis services and identify components that could be implemented or expanded. Once these steps are implemented, an implementation plan should be written. Activities can include:

- ***Screening for viral hepatitis***—assessing a client's risk of acquiring or transmitting hepatitis, obtaining a



- client's history of hepatitis infection or vaccination, and conducting blood tests for hepatitis or working with others that provide screening tests.
- ***Medical evaluation and diagnosis***—providing onsite medical evaluations after a screening or referring clients to local providers for evaluation and diagnosis.
  - ***Treatment for chronic hepatitis***—providing treatment onsite or referring clients to local partners, establishing a multidisciplinary treatment team, and obtaining clients' permission to share information among team members.
  - ***Prevention and vaccination***—providing counseling before and after hepatitis screening, educating clients about virus transmission, and providing vaccinations against hepatitis A and B.
  - ***Education***—training staff, learning about community resources available to clients who have chronic hepatitis, and designing education protocols in line with substance abuse treatment programs' missions and approaches.
  - ***Support services***—assigning staff members as case managers or working with the medical team to access these services.
  - ***Outreach***—working with others in the community to provide information about viral hepatitis and substance use, participating in health fairs, and building ties to outreach agencies.

## ***Integrating Hepatitis Interventions With Existing HIV Services***

The benefits of incorporating hepatitis services into existing HIV services include the following:

- Counselors working with HIV/AIDS are familiar with the challenges of chronic infection and complex therapeutic regimens, as well as with psychosocial issues that accompany a chronic disease.
- Relationships are already established with medical care providers and public health departments.
- Federal or State funding might be available.

Administrators who would like to incorporate hepatitis services into existing HIV services should consider the following:

- There are different prevention messages for HIV and hepatitis, which are based on different rates of parenteral and sexual transmission.
- Clients often know less about HCV than about HIV.
- Some funding might be dedicated to support services for one virus only.
- Counselors and staff might be reluctant to integrate services.

## ***Developing Policies and Procedures***

Examples of policies and procedures include:

- The program's approach to providing hepatitis services.
- The organization's goal to provide quality services to clients who need screening or treatment for hepatitis.
- A system to monitor and evaluate policies and procedures and to revise them, as needed.
- Staff development and educational opportunities related to hepatitis.

## ***Evaluation***

The program can incorporate quality improvements identified by regular evaluation of new program components and processes. The program can use the existing quality assurance function to develop a tracking system, which could measure:

- The number of clients with hepatitis A, B, and C.
- Hepatitis-related treatment outcomes.
- Severity of co-occurring substance use and mental disorders.

## ***Successful Implementation***

Features that may facilitate implementation of services in hepatitis-treatment programs include:

- At least one program administrator promoting

efforts to incorporate hepatitis services into the treatment program.

- At least one change agent on staff advocating for the services.
- Collective “buy-in” from the behavioral health treatment team.

### ***Legal and Ethical Issues***

Substance abuse treatment program administrators need current knowledge of the legal and ethical issues about providing hepatitis care and, in particular, about providing medical care to people in their programs. The most significant issues are:

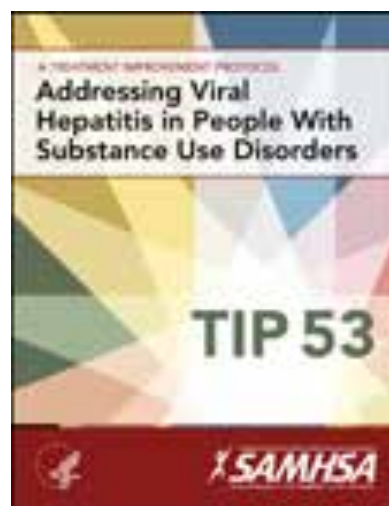
- ***Confidentiality and privacy***—The Health Insurance Portability and Accountability Act (HIPAA) sets limits on use of health information; other Federal and State laws and regulations govern confidentiality of drug referral and treatment information.
- ***Informed consent***—When testing or treatment is involved, informed consent is a legal and ethical prerequisite to administering care.
- ***Staff members’ rights***—All employees whose jobs involve the risk of direct contact with blood or other potentially infectious materials must be offered the hepatitis B vaccination without charge.

*For more detailed information, see TIP 53, Chapter 7.*

# Ordering Information

## **TIP 53**

### Addressing Viral Hepatitis in People With Substance Use Disorders



## **TIP 53-Related Products:**

### KAP Keys for Clinicians Based on TIP 53

This publication may be ordered or downloaded from SAMHSA's Publications Ordering Web page at <http://store.samhsa.gov>. Or, please call SAMHSA at 1-877-SAMHSA-7 (1-877-726-4727) (English and Español).

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## Other Treatment Improvement Protocols (TIPs) that are relevant to this Quick Guide:

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**TIP 49:** Incorporating Alcohol Pharmacotherapies Into Medical Practice

**TIP 48:** Managing Depressive Symptoms in Substance Abuse Clients During Early Recovery

**TIP 37:** Substance Abuse Treatment for Persons With HIV/AIDS

**TIP 35:** Enhancing Motivation for Change in Substance Abuse Treatment

**TIP 24:** A Guide to Substance Abuse Services for Primary Care Clinicians

See the inside back cover for ordering information for all TIPs and related products.

HHS Publication No. (SMA) 13-4794  
First printed 2013

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment